

## MDS 3.0: The Mini-series Session #4

Sue Pinette RN  
February 2021



1

## MDS 3.0 – The Mini-series Agenda

- Welcome
- Section I
- Section L
- Section H
- Section O

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2

2

## MDS 3.0 – The Mini-series Session #3

### Questions from Session #3?



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3

3

## MDS 3.0 – The Mini-series Section I

### Section I Active Diagnoses

Intent: The items in this section are intended to code diseases that have a *direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring, or risk of death.*

One of the important functions of the MDS assessment is to generate an updated, accurate picture of the resident's current health status.

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4

4

## MDS 3.0 – The Mini-series

### Section I

Section I		Active Diagnoses
<b>I0020. Indicate the resident's primary medical condition category</b> Complete only if A0310B = 01 or if state requires completion with an OBRA assessment		
Enter Code	Indicate the resident's primary medical condition category that best describes the primary reason for admission	
<input type="text"/>	01. Stroke 02. Non-Traumatic Brain Dysfunction 03. Traumatic Brain Dysfunction 04. Non-Traumatic Spinal Cord Dysfunction 05. Traumatic Spinal Cord Dysfunction 06. Progressive Neurological Conditions 07. Other Neurological Conditions 08. Amputation 09. Hip and Knee Replacement 10. Fractures and Other Multiple Trauma 11. Other Orthopedic Conditions 12. Debility, Cardiorespiratory Conditions 13. Medically Complex Conditions	
	<b>I0020B. ICD Code</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

5

5

## MDS 3.0 Training

### Payment Items and Documentation

#### DIAGNOSES (Case Mix Items)

- I1300** – Ulcerative Colitis, Crohn's Disease or Inflammatory Bowel (**PDPM only**)
- I1700** – Multidrug-Resistant Organism (MDRO) (**PDPM only**)
- I2000** – Pneumonia
- I2100** – Septicemia
- I2500** – Wound Infection (**PDPM only**)
- I2900** – Diabetes (If N0300 = 7 and O0700 = 2 or more)
- I4300** – Aphasia (and a feeding tube)
- I4400** – Cerebral palsy
- I4500** – CVA, TIA, or stroke (**PDPM only**)
- I4900** – Hemiplegia/hemiparesis
- I5100** – Quadriplegia
- I5200** – Multiple Sclerosis
- I5300** – Parkinson's Disease (**PDPM only**)
- I5500** – Traumatic brain injury (Maine only, **RUG III**)
- I6200** – Asthma, COPD, or Chronic Lung Disease (**PDPM only**)
- I6300** – Respiratory Failure (**PDPM only**)

6

## MDS 3.0 – The Mini-series Section I

### Section I Active Diagnoses

1. Identify diagnoses in the last **60 days**
  - Must be **physician-documented**
2. Determine status of diagnosis
  - **7-day** look-back period
  - Active diagnoses have a **direct relationship** to the resident's functional, cognitive, mood or behavior status, medical treatments or nursing monitoring or risk of death
  - Only active diagnoses should be coded

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7

7

## MDS 3.0 – The Mini-series Section I

### Section I: Coding Active Diagnoses for PDPM

1. Same qualifications as described in previous slide
2. Specific qualifications based on Section I:
  - PT: yes
  - OT: yes
  - SLP: yes
  - NTA: yes
  - Nursing: yes

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8

8

## MDS 3.0 – The Mini-series Section I

*How do I know if a diagnosis should be coded as active in the MDS:*

There may be specific documentation in the medical record by a physician, nurse practitioner, physician assistant, or clinical nurse specialist of active diagnosis.

In the absence of specific documentation that a disease is active, the following indicators may be used to confirm active disease:

- Recent onset or acute exacerbation of the disease or condition indicated by a positive study, test or procedure, hospitalization for acute symptoms and/or recent change in therapy in the last 7 days.
- Symptoms and abnormal signs indicating ongoing or decompensated disease in the last 7 days.
- Listing a disease/diagnosis (e.g., arthritis) on the resident's medical record problem list is not sufficient for determining active or inactive status.
- Ongoing therapy with medications or other interventions to manage a condition that requires monitoring for therapeutic efficacy or to monitor potentially severe side effects in the last 7 days.

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9

9

## MDS 3.0 – The Mini-series Section I

The look-back period for UTI (I2300) differs from other items

- **Look-back period to determine an active diagnosis of a UTI is 30 days** instead of 7 days

Code for a UTI **only if both** of the following criteria are met in the last 30 days:

1. It was determined that the resident had a UTI using evidence-based criteria such as McGeer, NHSN, or Loeb in the last 30 days

**AND**

2. A physician documented UTI diagnosis (or by a nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws) in the last 30 days.

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10

10

## MDS 3.0 – The Mini-series Section I

### Item I5100 Quadriplegia

Quadriplegia primarily refers to the paralysis of all four limbs, arms and legs, caused by spinal cord injury.

Coding I5100 Quadriplegia is limited to spinal cord injuries and must be a primary diagnosis and not the result of another condition.

Functional quadriplegia refers to complete immobility due to severe physical disability or frailty. Conditions such as cerebral palsy, stroke, contractures, brain disease, advanced dementia, etc. can also cause functional paralysis that may extend to all limbs hence, the diagnosis functional quadriplegia.

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11

11

## MDS 3.0 – The Mini-series Section L

### Section L

Intent: This item is intended to record any dental **problems** present in the 7-day look-back period.

L0200. Dental		
↓ Check all that apply		
<input type="checkbox"/>	A. Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)	CATs
<input type="checkbox"/>	B. No natural teeth or tooth fragment(s) (edentulous)	CATs
<input type="checkbox"/>	C. Abnormal mouth tissue (ulcers, masses, oral lesions, including under denture or partial if one is worn)	CATs
<input type="checkbox"/>	D. Obvious or likely cavity or broken natural teeth	CATs
<input type="checkbox"/>	E. Inflamed or bleeding gums or loose natural teeth	CATs
<input type="checkbox"/>	F. Mouth or facial pain, discomfort or difficulty with chewing	CATs
<input type="checkbox"/>	G. Unable to examine	
<input type="checkbox"/>	Z. None of the above were present	

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12

12

## MDS 3.0 – The Mini-series Section H

### Section H Bladder and Bowel

Intent: The intent of the items in this section is to gather information on the use of bowel and bladder appliances, the use of and response to urinary toileting programs, urinary and bowel continence, bowel training programs, and bowel patterns. Each resident who is incontinent or at risk of developing incontinence should be identified, assessed, and provided with individualized treatment (medications, non-medicinal treatments and/or devices) and services to achieve or maintain as normal elimination function as possible.

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13

13

## MDS 3.0 – The Mini-series Section H

### Section H

H0100: Appliances

**H0200:** Urinary Toileting Program

A: Trial of a toileting program?

B: Response to trial

**C: Current toileting program or trial**

H0300: Urinary Continence

H0400: Bowel Continence

**H0500: Bowel Toileting Program**

H0600: Bowel Patterns

**H0200C and H0500** are payment items as part of the Restorative Nursing Program and will be reviewed with Section O

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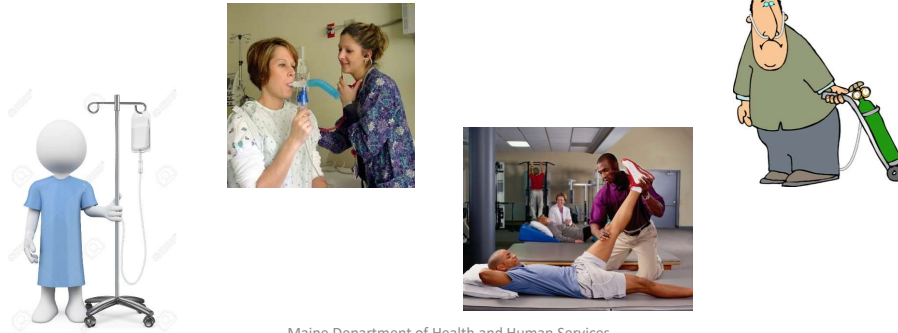
14

14

## MDS 3.0 – The Mini-series Section O

### Section O Special Treatments, Procedures and Programs

Intent: The intent of the items in this section is to identify any special treatments, procedures, and programs that the resident received during the specified time periods.



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15

15

## MDS 3.0 – The Mini-series Section O

### 00100. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed during the last 14 days

	1. While NOT a Resident	2. While a Resident
<b>1. While NOT a Resident</b> Performed <b>while NOT a resident</b> of this facility and within the <b>last 14 days</b> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank.		
<b>2. While a Resident</b> Performed <b>while a resident</b> of this facility and within the <b>last 14 days</b>		
	↓ Check all that apply ↓	
<b>Cancer Treatments</b>		
<b>A. Chemotherapy</b>	<input type="checkbox"/> RUG III	<input type="checkbox"/> RUG III <input type="checkbox"/> PDPM
<b>B. Radiation</b>	<input type="checkbox"/> RUG III	<input type="checkbox"/> RUG III <input type="checkbox"/> PDPM
<b>Respiratory Treatments</b>		
<b>C. Oxygen therapy</b>	<input type="checkbox"/> RUG III	<input type="checkbox"/> RUG III <input type="checkbox"/> PDPM
<b>D. Suctioning</b>	<input type="checkbox"/> RUG III	<input type="checkbox"/> RUG III <input type="checkbox"/> PDPM
<b>E. Tracheostomy care</b>	<input type="checkbox"/> RUG III	<input type="checkbox"/> RUG III <input type="checkbox"/> PDPM
<b>F. Invasive Mechanical Ventilator (ventilator or respirator)</b>	<input type="checkbox"/> RUG III	<input type="checkbox"/> RUG III <input type="checkbox"/> PDPM
<b>G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>		
<b>H. IV medications</b>	<input type="checkbox"/> RUG III	<input type="checkbox"/> RUG III <input type="checkbox"/> PDPM
<b>I. Transfusions</b>	<input type="checkbox"/> RUG III	<input type="checkbox"/> RUG III <input type="checkbox"/> PDPM
<b>J. Dialysis</b>	<input type="checkbox"/> RUG III	<input type="checkbox"/> RUG III <input type="checkbox"/> PDPM
<b>K. Hospice care</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)</b>	<input type="checkbox"/>	<input type="checkbox"/> PDPM
<b>None of the Above</b>		
<b>Z. None of the above</b>	<input type="checkbox"/>	<input type="checkbox"/>

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16

16



## MDS 3.0 – The Mini-series

### Section O

#### O0100A, Chemotherapy

Medications coded here are those actually used for cancer treatment. Hormonal and other agents administered to prevent the recurrence or slow the growth of cancer should not be coded in this item, as they are not considered chemotherapy *for the purpose of coding the MDS*.

**Example:** Ms. J was diagnosed with estrogen receptor–positive breast cancer and was treated with chemotherapy and radiation. After her cancer treatment, Ms. J was prescribed **tamoxifen** (a selective estrogen receptor modulator) to decrease the risk of recurrence and/or decrease the growth rate of cancer cells. Since the hormonal agent is being administered to decrease the risk of cancer recurrence, it cannot be coded as chemotherapy.

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17

17

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### Section O

#### O0100F, Invasive Mechanical Ventilator

Code any type of electrically or pneumatically powered closed-system mechanical ventilator support device that ensures adequate ventilation in the resident who is or who may become (such as during weaning attempts) *unable to support his or her own respiration* in this item. During invasive mechanical ventilation the resident's breathing is controlled by the ventilator.

Residents receiving closed-system ventilation include those residents receiving ventilation via an endotracheal tube (e.g., nasally or orally intubated) or tracheostomy.

A resident who has been weaned off of a respirator or ventilator in the last 14 days, or is currently being weaned off a respirator or ventilator, should also be coded here.

Do not code this item when the ventilator or respirator is used only as a substitute for BiPAP or CPAP.

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18

18

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### Section O

#### **O0100M, Isolation for active infectious disease**

Do not code this item if the precautions are standard precautions, because these types of precautions apply to everyone.. *Standard precautions include hand hygiene compliance, glove use, and additionally may include masks, eye protection, and gowns.*

Code only when the resident requires transmission-based precautions and single room isolation (alone in a separate room) because of active infection (i.e., symptomatic and/or have a positive test and are in the contagious stage) with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.

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19

19

## MDS 3.0 – The Mini-series

### Section O

#### **O0100M, Isolation for active infectious disease**

Code for “single room isolation” only when all of the following conditions are met:

1. The resident has active infection with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.
2. Precautions are over and above standard precautions. That is, transmission-based precautions (contact, droplet, and/or airborne) must be in effect.
3. The resident is in a room alone because of active infection and cannot have a roommate. This means that the resident must be in the room alone and not cohorted with a roommate regardless of whether the roommate has a similar active infection that requires isolation.
4. The resident must remain in his/her room. This requires that all services be brought to the resident (e.g. rehabilitation, activities, dining, etc.)

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20

20

## MDS 3.0 – The Mini-series Section O

### O0100M, Isolation for active infectious disease - Resources

The CDC guidelines outline isolation precautions and go into detail regarding the different types of Transmission-Based Precautions (Contact, Droplet, and Airborne).

- 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

- SHEA/APIC Guideline: Infection Prevention and Control in the Long Term Care Facility

[http://www.apic.org/Resource\\_/TinyMceFileManager/Practice\\_Guidance/id\\_APICS\\_HEA\\_GuidelineforICinLTCFs.pdf](http://www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/id_APICS_HEA_GuidelineforICinLTCFs.pdf)

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21

21

## MDS 3.0 – The Mini-series Section O

### Section O Special Treatments, Procedures, and Programs

O0250. Influenza Vaccine - Refer to current version of RAI manual for current influenza vaccination season and reporting period	
Enter Code <input type="checkbox"/>	<p><b>A. Did the resident receive the influenza vaccine in this facility for this year's influenza vaccination season?</b></p> <p>0. <b>No</b> → Skip to O0250C, If influenza vaccine not received, state reason</p> <p>1. <b>Yes</b> → Continue to O0250B, Date influenza vaccine received</p>
	<p><b>B. Date influenza vaccine received</b> → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date?</p> <p> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  Month Day Year </p>
Enter Code <input type="checkbox"/>	<p><b>C. If influenza vaccine not received, state reason:</b></p> <p>1. <b>Resident not in this facility</b> during this year's influenza vaccination season</p> <p>2. <b>Received outside of this facility</b></p> <p>3. <b>Not eligible</b> - medical contraindication</p> <p>4. <b>Offered and declined</b></p> <p>5. <b>Not offered</b></p> <p>6. <b>Inability to obtain influenza vaccine</b> due to a declared shortage</p> <p>9. <b>None of the above</b></p>

Influenza vaccine is contraindicated for a resident with severe reaction (e.g., respiratory distress) to a previous dose of influenza vaccine or to a vaccine component. Precautions for influenza vaccine include moderate to severe acute illness with or without fever (influenza vaccine can be administered after the acute illness) and history of Guillain-Barré Syndrome within six weeks after previous influenza vaccination.

22

22

## MDS 3.0 – The Mini-series Section O



O0300. Pneumococcal Vaccine	
Enter Code <input type="checkbox"/>	<b>A. Is the resident's Pneumococcal vaccination up to date?</b> 0. <b>No</b> → Continue to O0300B, If Pneumococcal vaccine not received, state reason 1. <b>Yes</b> → Skip to O0400, Therapies
Enter Code <input type="checkbox"/>	<b>B. If Pneumococcal vaccine not received, state reason:</b> 1. <b>Not eligible</b> - medical contraindication 2. <b>Offered and declined</b> 3. <b>Not offered</b>

Specific guidance about pneumococcal vaccine recommendations and timing for adults can be found at:  
<https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccinetiming.pdf>

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23

23

## MDS 3.0 – The Mini-series Section O

### Section O: Special Treatments, Procedures, and Programs

- O0400A.** Speech-Language Pathology and Audiology Services
- O0400B.** Occupational Therapy
- O0400C.** Physical Therapy

**Individual minutes (RUG III only)**

**Concurrent minutes**

**Group minutes**

Co-treatment minutes

**Number of Days**

Therapy Start date

Therapy End date

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24

24

## MDS 3.0 – The Mini-series

### Section O

#### Section O: Special Treatments, Procedures, and Programs

##### **O0400D Respiratory Therapy**

Total minutes

**# Days therapy was administered  
at least 15 minutes**

O0400E Psychological Therapy

O0400F Recreational Therapy

O0420 Distinct Days of Therapy

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25

25

## MDS 3.0 – The Mini-series

### Section O

#### Section O: Special Treatments, Procedures, and Programs

##### **O0425. Part A Therapies**

Complete only if A0310H = 1

##### **A. Speech-Language Pathology and Audiology Services**

Enter Number of Minutes

Enter Number of Minutes

Enter Number of Minutes

Enter Number of Minutes

Enter Number of Days

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** since the start date of the resident's most recent Medicare Part A stay (A2400B)
  2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** since the start date of the resident's most recent Medicare Part A stay (A2400B)
  3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** since the start date of the resident's most recent Medicare Part A stay (A2400B)
- If the sum of individual, concurrent, and group minutes is zero, → skip to O0425B, Occupational Therapy**
4. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** since the start date of the resident's most recent Medicare Part A stay (A2400B)
  5. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day since the start date of the resident's most recent Medicare Part A stay (A2400B)

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26

26

## MDS 3.0 – The Mini-series

### Section O

#### Section O: Special Treatments, Procedures, and Programs

##### O0430. Distinct Calendar Days of Part A Therapy

Complete only if A0310H = 1

Enter Number of Days
<input type="text"/> <input type="text"/> <input type="text"/>

Record the number of **calendar days** that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes since the start date of the resident's most recent Medicare Part A stay (A2400B)

Record the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes during the SNF Part A stay (i.e., from the date in A2400B through the date in A2400C).

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27

27

## MDS 3.0 – The Mini-series

### Section O

#### Section O: Restorative Nursing Programs

##### O0500. Restorative Nursing Programs

Record the **number of days** each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily)

Number of Days	Technique
<input type="text"/>	A. Range of motion (passive)
<input type="text"/>	B. Range of motion (active)
<input type="text"/>	C. Splint or brace assistance
Number of Days	Training and Skill Practice In:
<input type="text"/>	D. Bed mobility
<input type="text"/>	E. Transfer
<input type="text"/>	F. Walking
<input type="text"/>	G. Dressing and/or grooming
<input type="text"/>	H. Eating and/or swallowing
<input type="text"/>	I. Amputation/prostheses care
<input type="text"/>	J. Communication

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28

28

## MDS 3.0 – The Mini-series

### Section O

#### Section O: **Restorative Nursing Programs**

***Nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible.***

- Measureable objectives and interventions
- Periodic evaluation by a licensed nurse
- CNAs must be trained in the techniques
- Does not require a physician's order, but a licensed nurse must supervise the activities

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29

29

## MDS 3.0 – The Mini-series

### Section O

#### Section O: **Restorative Nursing Programs**

- Nursing staff are responsible for coordination and supervision
- Does not include groups with more than four residents
- Code *number of days* a resident received 15 minutes or more in each category
- Remember that persons with dementia learn skills best through repetition that occurs multiple times per day.

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30

30

## MDS 3.0 – The Mini-series

### Section O

#### Periodic Evaluation

- “Evidence of periodic evaluation **by a licensed nurse** must be present in the resident’s medical record. . .”
- “. . .it is appropriate to reassess progress, goals, and duration / frequency as part of the care planning process.”
- “Good clinical practice would indicate that the results of this reassessment should be documented in the resident’s medical record.”

#### Case Mix nurses are looking for quarterly evaluations (minimum):

- Care Plans must be based on the information coded on the MDS, therefore, the Care Planning process is be done AFTER the MDS is completed. So, any evaluations would be written after the MDS 3.0 look-back period. Because of this, Case Mix will accept the evaluation completed during the prior quarter (90days).

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31

31

## MDS 3.0 – The Mini-series

### Section O

#### Section O: Restorative Nursing Programs

##### H0200C Current toileting program

An individualized, resident-centered toileting program may decrease or prevent urinary incontinence, minimizing or avoiding the negative consequences of incontinence.

*The look-back period for this item is since the most recent admission/entry or reentry or since urinary incontinence was first noted within the facility.*

**Counts as one Program, even if both are done**

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32

32



## MDS 3.0 – The Mini-series

### Section O

#### Section O: **Restorative Nursing Programs**

##### **H0500 Bowel Training Program**

Three requirements:

- Implementation of an individualized, resident-specific bowel toileting program.
- Evidence that the program was communicated to staff and resident through care plans, flow sheets, etc.
- Documentation of the response to the toileting program and periodic evaluation

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33

33

## MDS 3.0 – The Mini-series

### Section O

#### **O0600: Physician Examination Days Assessment Guidelines**

Over the last **14 days**, on how many **days** did the physician examine the resident?

Examinations can occur in the facility or in the physician's office.

Do **not** include:

- Examinations that occurred prior to admission/readmission to the facility
- Examinations that occurred during an ER visit or hospital observation stay

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34

34

## MDS 3.0 – The Mini-series Section O

### **O0700: Physician Order Change Days Assessment Guidelines**

Over the last **14 days**, on how many **days** did the physician change the resident's orders?

Do **not** include the following:

- Admission or re-admission orders
- Renewal of an existing order
- Clarifying orders without changes
- Orders prior to the date of admission
- Sliding scale dosage schedule
- Activation of a PRN order

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35

35

## MDS 3.0 – The Mini-series Section O

### **O0600 and O0700 Examination Days and Order Days Guidelines**

Maine will continue to require O0600 and O0700 as they may be payment items for the clinically complex RUG III group.

If you leave this item blank, that would be an invalid value and CMS would reject the assessment. If enter a dash, as recommended by CMS, it would be a valid value but would count as a zero (0) and would not contribute towards clinically complex RUG scoring. Check your final validation report to confirm it was submitted the way you wanted it to be filled out.

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36

36

## MDS 3.0 – The Mini-series Session #4

### Questions?



#### **Forum call for Nursing Facilities**

1<sup>st</sup> Thursday of the month in February, May, August and November, 1:00-2:00

Call the MDS Help Desk to register!

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37

37

## MDS 3.0 – The Mini-series Session #4



### Reminders!

- This completes *Session 4* of the MDS 3.0 training. Thank you for attending.
- Ask questions!
- Then, ask more questions!!
- Use your resources (other MDS coordinators, case mix staff, MDS Help Desk, Forum Calls etc.)
- Attend training as often as you need.

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38

38

## MDS 3.0 – The Mini-series Session #1

### Contact Information:

- **MDS Help Desk:** 624-4095 or toll-free: 1-844-288-1612  
[MDS3.0.DHHS@maine.gov](mailto:MDS3.0.DHHS@maine.gov)
- **Lois Bourque, RN:** 592-5909  
[Lois.Bourque@maine.gov](mailto:Lois.Bourque@maine.gov)
- **Deb Poland, RN, RAC-CT:** 215-9675  
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- **Christina Stadig RN, RAC-CT:** 446-3748  
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- **Emma Boucher RN, RAC-CT:** 446-2701  
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- **Sue Pinette, RN, RAC-CT:** 287-3933 or 215-4504 (cell)  
[Suzanne.Pinette@maine.gov](mailto:Suzanne.Pinette@maine.gov)

**Training Portal:** [www.maine.gov/dhhs/dlrs/mds/training/](http://www.maine.gov/dhhs/dlrs/mds/training/)

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39

39

## Questions?

**Sue Pinette RN, RAC-CT**  
**Case Mix Manager, State RAI Coordinator**  
**(207) 287-3933**



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40

40